Signature of preparer other than fiduciary

U.S. Fiduciary Income Tax Return for the year January 1-December 31, 1972, or other taxable year



1972

Emp. Ident, or Soc. Sec. No.

nternal	Revenue Service	beginning, 1972, and ending		, 19		
	whether:	Name of estate or trust ("Grantor type" trusts, see instruction 0.)		Employ	er Identifi	ication Number
_	Estate					
	Simple trust	Name and title of fiduciary	Nonexempt charitable and split-interes trusts check applicable boxes (See Instr. U)			
	Complex trust t, check whether:					ction 4947(a)(1)
	Testamentary	Address of fiduciary (number and street)		L		as a private founda
	Inter vivos	City, State, and ZIP code				on of sec. 509(a)(1)
	heck if:		T .	2) or (3)	311 01 0001 000 (-) (-)	
	ooled income fund	Vos CT No If "No " has the fiduciary's address shanged? CT Vos CT No.		— □ Descril	hed in sect	tion 4947(a)(2)
is this		Yes No. If "No," has the fiduciary's address changed? Yes No.	1	[[_] Bessiii		
-	1 Dividends (Enter					
-	2 Interest					
.	3 Income from partnerships and other fiduciaries 3					
NCOME -	4 Gross rents and		5			
3	5 Gross profit (loss					
≦	6 Net gain (loss) f					
_	7 Ordinary gains a	nd (losses) (Attach Form 4797)				
_	8 Other income (S	tate nature of income)	8			
	9 Total inc	ome (lines 1 to 8, inclusive)		l	9	
1	0 Interest		10			
]	1 Taxes		11			
]]	12 Fiduciary's porti	on of depreciation (Schedule A) and depletion. Explain depletion	12			
1	13 Charitable deduc	ction (line 9, Schedule B)	13			
	14 Other deduction	s (Itemize)				
0						
Š			14			
DEDUCTIONS 1	.5 Total (lin	1	15			
5 1	6 Line 9 minus line		16			
] 1	.7 Deduction for dis	stributions to beneficiaries				
1	8 Adjustment of di	vidend exclusion	18			
1	.9 Federal estate ta	19				
2	20 Long-term capita	I gain deduction. Enter 50% of line 17(e), Schedule D (Form 1041)	20			
2	1 Exemption					
2	22 Total (lin	es 17 to 21, inclusive)			22	
2	23 Taxable income	of fiduciary (line 16 minus line 22)			23	
2	24 Tax on amount o	n line 23 (See tax rate schedule)		24		
2	.5 If alternative tax	is applicable, enter the tax from line 50, Schedule D (Form 1041)			25	
2	26 Fiduciary's share	of foreign tax credit (Attach Form 1116)	26			
2	27 Fiduciary's share	27				
2	28 Fiduciary's share	e of work incentive (WIN) program credit (Attach Form 4874)	28			
<u> </u>	29 Total (lin	ies 26 to 28, inclusive)		29		
3	BO Balance (line 24	or 25, whichever is applicable, less line 29)		30		
5 3	31 Tax from recomp	outing fiduciary's share of prior year investment credit (Attach Form 4255		31		
	32 Minimum tax (At	tach Form 4626)		32		
)		es 30 to 32, inclusive)		33		
₹ 3		e of credit for tax paid at source on tax-free covenant bond interest	34			······································
7 3		al tax on special fuels, nonnighway gas and lub. oil (Attach Form 4136)	35			
E 3	36 Credit from regulated investment companies (Attach Form 2439) 36					
3		aid (See Instruction 37 and attach Form 2758)				
1-	38 Tax withheld (At		· 			
		nes 34 to 38, inclusive)		39		
1—		ue (line 33 less line 39)		40		
	1 Overpayment (lin		41			
		declare that I have examined this return, including accompanying schedules and stater	nents and	to the best of m		e and balief it is true
correct,	and complete. If prepa	red by a person other than taxpayer, his declaration is based on all information of which	ch he has a	any knowledge.		'
Sign		Signature of fiduciary or officer representing fiduciary				Date

Date Address

Scl	Schedule A.—DEPRECIATION—See the Instructions for Schedule A for information on the depreciation methods.											
	 a. Group and guideline class or description of property 	b. Date acquired	c. Cost or other basis	d. Depreciation allowed or allowable in prior years	e. Method of computing depreciation	f. Life or rate	g. Depreciation for this year					
1	Total additional first-year depreciation	-estates only (do	not include in it	tems below)		······						
2	Depreciation from Form 4832			\								
3	Depreciation from Form 5006											
4	Other depreciation:											
	Tatala			-								
-	Totals	elsewhere on retur	n									
	Balance (line 5 minus line 6)					• • • •						
	8 Fiduciary's portion of line 7. Enter here and on line 12, page 1											
Scl	nedule B.—CHARITABLE DEDUCT	ION (Attach sta	atement giving na	ame and address of cha	aritable organizati	ion.)						
1	Amounts paid or permanently set as	side for charitable	purposes from	current year's income	e							
2	Tax-exempt interest allocable to char	itable distribution										
	(Complete lines 3 and 4 below only	if gain on line 15,	column 2, Scho	edule D (Form 1041),								
	exceeds loss on line 14, column 2, Sch	hedule D (Form 10	41))									
3	(a) Long-term capital gain included	on line 1										
	(Do not complete lines (b) and (c) if											
	line (a))	Cabadala D (Fausa	1041)									
	(b) Enter gain on line 15, column 2, solumn 2, solumn 2, Schee											
	(c) Enter gain on line 15, column 3,	•			-							
	loss on line 14, column 3, Sched		1									
4	Enter 50% of the smallest of line 3	,	,		_							
			inic 5(c)									
	Enter sum of line 2 and line 4						. , ,					
	Balance (line 1 minus line 5)					• • •						
7	Enter short-term capital gains and 50	% of the long-term	m capital gains	of the current taxable	year allocable to							
	paid or permanently set aside for char Amounts paid or permanently set as	ide for charitable	nurnoses other i	than from income of t	he current year							
9 Total (line 6 plus lines 7 and 8). Enter here and on line 13, page 1												
	and the second s					1						
	Enter amount from line 16, page 1.					2(a)						
2	Add: (a) Tax-exempt interest (as adj			1		2(b)						
	(b) Net gain shown on line 16,		ne D (Form 104	1). If net loss, enter ze	ero	2(c)						
	(c) Lines 4 and 7, Schedule B.					2(d)						
	(d) Short-term capital gain inclu					2(e)						
	(e) If amount on line 6, page 1					3						
	Total (line 1 through line 2(e)) .											
	If amount on line 6, page 1, is a gain					5						
	Distributable net income (line 3 mir											
	Amount of income required to be distr					6						
	Other amounts paid, credited, or					7						
	Total (lines 6 and 7)					8						
9	Enter the total of tax-exempt income	included on lines	6 and 7			9						
	Balance (line 8 minus line 9)					10						
	Enter distributable net income (line 5,					11						
	Enter the amount from line 2(a), above					12						
13	Balance (line 11 minus line 12)					13						
14	Distributions deduction. Enter here a	nd on line 17, pag	e 1, the lesser o	f line 10 or line 13 ab	ove	14						
1	Date trust was created or, if an esta	ate, date of decede	ent's death.	5 If the estate or tru	ust received inco	me from a n	ominee, state name,					
•				employer identifica	ation number, an	d address of	nominee.					
′2	Did the estate or trust, at any time	me during the ta	xable year,									
	have any interest in or signature or securities, or other financial according	otner authority of ount in a foreig	ver a bank, n country?	*								
	☐ Yes ☐ No. If "Yes," attach	•		••••								
	ee Form 4683.)											
3	If you had tax-exempt income, have	if a complex trust, is this a section 663(b) election? Yes No.										
4	tion of expenses allocable to taxable income? Yes No. If "Yes," state Has final distribution of assets been made during the year?				s," state amount							
- 1	Yes No. If "Yes," write "I			7 State number of	Schedule(s) E (Form 1041),	or substitute form,					
	and enter final date			attached								